

1.) CORPORATION NAME:

DUE DATE: **8/31/2011**

PHYSICIANS LIFE INSURANCE COMPANY

SCC ID NO: **F0229395**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2600 DODGE

CITY/ST/ZIP: OMAHA, NE 68131-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ROBERT L GUNIA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SRVP/ASST SEC		
ADDRESS:	2600 DODGE		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	ROBERT A. REED, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/COO/AS		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	WILLIAM R HAMSA, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	JAMES T CANEDY, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Secretary		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	DALE E BRETT, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Treasurer		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		

NAME:	JOHN D WOODBURY, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Asst Med Dir		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	MARTIN M MANCUSO, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Asst Med Dir		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	DONALD J PAVELKA, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Med Director		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	BENJAMIN T BALDWIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Senior VP		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	MELISSA J CRAWFORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Senior VP		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	NANCY L MALOY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Senior VP		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	STEVEN A SCANLAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Senior VP		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	DAN L SIMPSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Senior VP		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	MICHAEL J TAYLOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Senior VP		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	MICHAEL J WADE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/CFO		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		

NAME:	SHERYL M BABCOCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	BRICE A BALLARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	MICHAEL V CARSTENS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	GRANT J CHRISTENSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	JOHN C CLARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	HOWARD G DAUBERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	GREGORY P HOPKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	EDWARD J KASPAR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	STEVEN E KONNATH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	PHILLIP J KRESKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		

NAME:	ROGER J MOELLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	EDWARD J MULLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	MARK S NELSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	SHANE D PARSHALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	JANE R PHILLIPS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	SHAWN S POLLOCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	FREDERICK T RAHN, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	RHONDA K AHRENS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst VP		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	KATHERINE M ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst VP		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	TIMOTHY J CONNOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst VP		
ADDRESS:	2600 DODGE ST		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		

NAME:	ROSE M EARLYWINE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst VP		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	MIKE J EBELING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	DAVID M HAHN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst VP		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	STEVEN R HUGHES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst VP		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	SHERRY R MONICO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst VP		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	MARK E PETERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst VP		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	MICHAEL W PETERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst VP		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	TIMOTHY R REED	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst VP		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	SCOTT A RICHE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst VP		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		
NAME:	SHERI A SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst VP		
ADDRESS:	2600 DODGE STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68131-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBRA L WALTON Asst VP 2600 DODGE STREET OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID P WOODS Asst VP 2600 DODGE STREET OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK E LEHMAN Asst VP 2600 DODGE STREET OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN M FROHMAN Senior VP 2600 DODGE STREET OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R A REED PRESIDENT 2600 DODGE OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONNIE J BELLOWS VICE PRESIDENT 2600 DODGE STREET OMAHA, NE 68131-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ RHONDA K AHRENS		RHONDA K AHRENS, Asst VP	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
PRINTED NAME AND CORPORATE TITLE			
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			